



3-12-3

EXPRESS MAIL CERTIFICATE OF SERVICE

Date 3/17/03 Label No. EV 294038440 US

I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Mail Post Office to Addressee" service.

J. Stantini
Name (Print)

J. Stantini
Signature

PLEASE CHARGE ANY DEFICIENCY UP TO \$300.00 OR CREDIT ANY EXCESS IN THE FEES DUE WITH THIS DOCUMENT TO OUR DEPOSIT ACCOUNT NO. 04 - 0100

RECEIVED
MAR 25 2003
TECH CENTER
7

Customer No.:



07278

PATENT TRADEMARK OFFICE

Docket No: 4305/1H520US1

#9
Elec.
103/2/17/C

BEST AVAILABLE COPY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Nanna Kristensen SONI et al.

Serial No.: 09/925,635

Art Unit: 1648

Confirmation No.: 2913

Filed: August 9, 2001

Examiner: Shanon A. FOLEY

For: NOVEL PARENTERAL VACCINE FORMULATIONS AND USES THEREOF

RESPONSE TO RESTRICTION REQUIREMENT
UNDER 37 C.F.R. § 1.142 and § 1.143

Hon. Commissioner of Patents and Trademarks
Washington, DC 20231

SIR:

In response to the Official Action mailed by the U.S. Patent and Trademark Office on December 18, 2003 for this application and in accordance with Rules 142 and 143 of the Rules of Practice, please enter and consider the following remarks. Applicants also submit a Petition for Extension of Time concurrently herewith, requesting that the deadline for responding to the Official Action be extended for a period of two months (i.e., from January 18, 2003 up to and including March 18, 2003) accompanied by the appropriate Extension fee. It is believed that no additional fees are required for these



PTO/SB/17-101-03
Approved for use through 04/30/2003. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 410.00)

Complete if Known

Application Number	09/925,635
Filing Date	August 9, 2001
First Named Inventor	Nanna Kristensen SONI
Examiner Name	Shanon A. Foley
Group Art Unit	1648
Attorney Docket No.	4305/1H520US1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number 04-0100

Deposit Account Name Darby & Darby P.C.

The Commissioner is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$ 410.00)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	<input type="checkbox"/>	-20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>	
Independent Claims	<input type="checkbox"/>	-3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>	
Multiple Dependent			<input type="checkbox"/>

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

Name (Print/Type)	Samuel S. Woodley, Ph.D.	Registration No. (Attorney/Agent)	43,287	Telephone	(212) 527-7610
Signature	<i>Samuel S. Woodley</i>			Date	March 17, 2003

Express Mail Label No.

Dated: 3/17/03

6/20403841048

RECEIVED
MAR 25 2003
TECH CENTER 1600
2900